

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) ▼

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐ Check if different than previously reported. (ACC)

CHARLOTTE

NC

28203-2861

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00423871

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☒ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on / / in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on / / in the State of

5. Covering Period / / 2014 through / / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer

Mary Ann Rouse

[Electronically Filed]

Date

/ / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		274486.06
(b) Cash on Hand at Beginning of Reporting Period.....	274486.06	
(c) Total Receipts (from Line 19)	20673.75	20673.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	295159.81	295159.81
7. Total Disbursements (from Line 31)	24.07	24.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	295135.74	295135.74
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 01 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 03 / 31 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

13858.44

13858.44

(ii) Unitemized

6613.48

6613.48

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

20471.92

20471.92

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

20471.92

20471.92

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

137.72

137.72

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

64.11

64.11

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

20673.75

20673.75

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

20673.75

20673.75

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	24.07	24.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	24.07	24.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24.07	24.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24.07	24.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20471.92	20471.92
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20471.92	20471.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	24.07	24.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	137.72	137.72
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-113.65	-113.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.11677

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.11755

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

c. Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City State Zip Code
 Charlotte NC 28270

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.11792

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

433.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 02 / 2014

Transaction ID : SA11AI.11586

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.11669

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City State Zip Code
 Charlotte NC 28203

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.11747

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

1250.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 02 / 2014

Transaction ID : SA11AI.11628

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.11703

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11781

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

1250.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mary N Hall

Mailing Address 1040 Queens Road

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11Al.11740

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City

Whiteville

State

NC

Zip Code

28472

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11Al.11746

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

C. Sara J Herron

Mailing Address 9422 Briarwick Lane

City

Charlotte

State

NC

Zip Code

28277-1673

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11Al.11725

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

308.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Sara J Herron

Mailing Address 9422 Briarwick Lane

City

Charlotte

State

NC

Zip Code

28277-1673

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	4

Transaction ID : SA11AI.11803

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	1	4

Transaction ID : SA11AI.11646

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	4

Transaction ID : SA11AI.11720

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City State Zip Code
 Concord NC 28027

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : SA11AI.11798

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Christopher R Hummer

Mailing Address 215 Hillside Avenue

City State Zip Code
 Charlotte NC 28209

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 31 2014

Transaction ID : SA11AI.11687

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Christopher R Hummer

Mailing Address 215 Hillside Avenue

City State Zip Code
 Charlotte NC 28209

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : SA11AI.11765

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. James C Hunter

Mailing Address 2701 Rothwood Drive

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11770

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Thomas F Laymon

Mailing Address 2004 Garden View Lane

City State Zip Code
Weddington NC 28104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11760

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

C. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
Huntersville NC 28078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.11724

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

433.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

02 / 28 / 2014

Transaction ID : SA11AI.11802

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Frieda M Lowder

Mailing Address PO Box 5685

City State Zip Code
 Concord NC 28027

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

02 / 28 / 2014

Transaction ID : SA11AI.11808

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Michael J Lutes

Mailing Address 4025 Camrose Crossing

City State Zip Code
 Matthews NC 28104

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

02 / 28 / 2014

Transaction ID : SA11AI.11776

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

333.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. Ms. Martha Ann B McConnell</p> <p>Mailing Address 3617 Charolais Lane</p> <p>City State Zip Code Harrisburg NC 28075</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 02 / 2014 Transaction ID : SA11AI.11621</p> <p>Amount of Each Receipt this Period 1500.00</p> <p>Payroll Deduction \$1500 monthly</p>		
<p>Full Name (Last, First, Middle Initial) B. Mr. James C Olsen</p> <p>Mailing Address 5900 Summerston Place</p> <p>City State Zip Code Charlotte NC 28277</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolinas HealthCare System ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 208.34</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 02 / 2014 Transaction ID : SA11AI.11634</p> <p>Amount of Each Receipt this Period 208.34</p> <p>Payroll Deduction \$208.34 monthly</p>		
<p>Full Name (Last, First, Middle Initial) C. Mr. James C Olsen</p> <p>Mailing Address 5900 Summerston Place</p> <p>City State Zip Code Charlotte NC 28277</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolinas HealthCare System ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 416.68</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2014 Transaction ID : SA11AI.11708</p> <p>Amount of Each Receipt this Period 208.34</p> <p>Payroll Deduction \$208.34 monthly</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			1916.68		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M / D D / Y Y Y Y Y
 02 28 2014

Transaction ID : SA11AI.11786

Amount of Each Receipt this Period

208.34

Payroll Deduction \$208.34 monthly

Full Name (Last, First, Middle Initial)

B. Mickey S. Pickler

Mailing Address 61 Misty Ridge Road

City State Zip Code
 Zirconia NC 28790

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 02 28 2014

Transaction ID : SA11AI.11789

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 02 2014

Transaction ID : SA11AI.11605

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

691.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.11684

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.11762

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

C. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.11715

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

966.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11793

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 02 / 2014

Transaction ID : SA11AI.11581

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.11664

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.11742

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Physician

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 02 / 2014

Transaction ID : SA11AI.11571

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Michael Stevenson

Mailing Address 1711 Mission Road

City State Zip Code
 Murphy NC 28906

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.11756

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

01 / 02 / 2014

Transaction ID : SA11AI.11589

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

01 / 31 / 2014

Transaction ID : SA11AI.11671

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

02 / 28 / 2014

Transaction ID : SA11AI.11749

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Dr. Chris M Teigland

Mailing Address 700 Hungerford Place

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 01 31 2014

Transaction ID : SA11AI.11716

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

Full Name (Last, First, Middle Initial)

B. Dr. Chris M Teigland

Mailing Address 700 Hungerford Place

City State Zip Code
 Charlotte NC 28207

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : SA11AI.11794

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

Full Name (Last, First, Middle Initial)

C. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
 Charlotte NC 28270

FEC ID number of contributing federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 01 31 2014

Transaction ID : SA11AI.11689

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11767

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.11726

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11804

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mary Ann Wilcox

Mailing Address 5314 Wingedfoot Road

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.11706

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Mary Ann Wilcox

Mailing Address 5314 Wingedfoot Road

City State Zip Code
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.11784

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Phyllis Anne Wingate

Mailing Address 6005 Willowood Road

City State Zip Code
 Kannapolis NC 28081

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : SA11AI.11709

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Phyllis Anne Wingate

Mailing Address 6005 Willowood Road

City State Zip Code
 Kannapolis NC 28081

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : SA11AI.11787

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
 Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 Administrator

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 02 / 2014

Transaction ID : SA11AI.11574

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
 Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 Administrator

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 31 / 2014

Transaction ID : SA11AI.11659

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 24
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
 Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 Administrator

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : SA11AI.11737

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

13858.44